

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 2 – STAFFING PROFILE YEAR 1 <input type="checkbox"/> YEAR 2 <input type="checkbox"/>	FOR HRSA USE ONLY		
	Grant Number	Application Tracking Number	
PERSONNEL BY CATEGORY	TOTAL FTEs (a)	ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a * b)
ADMINISTRATION			
Executive Director / CEO			
Finance Director (Fiscal Officer) / CFO			
Chief Operating Officer / COO			
Chief Information Officer / CIO			
Administrative Support Staff			
MEDICAL STAFF			
Medical/Clinical Director			
Family Physicians			
General Practitioners			
Internists			
OB/GYNs			
Pediatricians			
Other Specialty Physicians: Please Specify: _____			
Physician Assistants/Nurse Practitioners			
Certified Nurse Midwives			
Nurses (RNs, LVNs, LPNs)			
Pharmacist, Pharmacy Support, Technicians			
Other Medical Personnel: Please Specify: _____			
Laboratory Personnel (Lab Technicians)			
X-ray Personnel			
Clinical Support Staff (Medical Assistants, etc.)			
Volunteer Clinical Providers (Medical and Dental)		N/A	N/A
DENTAL STAFF			
Dentists			
Dental Hygienists			
Dental Assistants, Aides, Technicians			
BEHAVIORAL HEALTH STAFF			
Behavioral Health Specialists (BH Provider)			
Alcohol and Substance Abuse Specialists			
Psychiatrists			
Psychologists			
ENABLING STAFF			
Patient Education Specialist (Health Educator)			
Case Managers			
Outreach (Outreach Staff)			
Other Enabling			
OTHER PROFESSIONAL STAFF (discuss in narrative as appropriate)			
OTHER STAFF			

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.